



COMMUNITY & PUBLIC HEALTH / DISABILITY SUPPORT ADVISORY COMMITTEES

MINUTES – PUBLIC (Unconfirmed)

Tuesday 30 August 2011

12.30pm

Corporate Room 1

Base Hospital

New Plymouth

Present

Flora Gilkison (Chairman), Alex Ballantyne (Deputy Chairman), Ella Borrow, Alison Rumball, (Committee Members), Mary Bourke (Ex officio member).

In Attendance

Tony Foulkes (Chief Executive), Sandra Boardman (General Manager Planning, Funding & Population Health), Ngawai Henare (Chief Advisor Maori Health), Ramon Tito (Kaumatua), Fran Davey (Minute Taker)

648.0 Apologies

Resolution

That the apologies from Kura Denness, Colleen Tuuta, Peter Catt, Karen Eagles, (Committee Members), David Tamatea, (co-opted member), be received and noted.

Borrow/Ballantyne
Carried

649.0 Conflict of Interest

The Register was circulated for signing by members with no new conflict advised.

650.0 Minutes of Previous Meeting

Resolution

That the Community and Public Health and Disability support Advisory Committee resolve to accept the minutes of the meeting held on 28 June 201, as a true record.

Borrow/Ballantyne
Carried

Note – The meeting proceeded informally at 12.35pm due to insufficient members to form a quorum with Dr Gilkison arriving at the meeting at 1.35pm to form a quorum.

651.0 Public Health Annual Plan 2011/12

A presentation was made by Mrs Becky Jenkins, Healthy Taranaki Development Manager and Dr Greg Simmons – Public Health Medicine Specialist regarding the Public Health Annual Plan 2011/12, with the following points of discussion:

- Mrs Jenkins advised the Public Health Unit (PHU) of the DHB was based in Barretts Building (former staff hostel). The role of the PHU is to protect and promote the health and wellbeing of the Taranaki population.
- Thirteen PHUs in New Zealand, with Taranaki in a fortunate position where the Public Health boundaries are exactly the same as the DHB.
- In the Midland Region, Toi Te Ora Public Health Unit is shared between Lakes and Bay of Plenty DHB.
- Dr Simmons – stated that in larger centres they tend to regionalise public health units, for example Wellington and Auckland and Christchurch which each cover three DHBs.
- Mrs Jenkins advised TDHB PHU was the only provider of regulatory health protection services in Taranaki and was responsible for a whole range of public health actions, employing 22 full time equivalents including a Medical Officer of Health, Health Protection Officers; Health Promoters and administration support staff.
- The PHU focuses very strongly on wellbeing around keeping people, groups, communities and age groups well and considers inequalities.
- The PHU is reliant on strong relationships and collaboration with its partners eg housing, employment, transport, local authorities, police and the local communities.
- PHUs advise other sectors on the health impacts of their activities and support local authorities around resource management. Advice can be regulatory to other sectors as well as responding to complaints about the Smokefree Environment Act. Health protection officers are designated to provide enforcement activity.
- The principles under which PHUs operate aim to be evidence based, concerned with the wider determinants of health and focused on getting health outcomes.
- The PHU funded directly from a contract with MoH, and has a three year Strategic Plan.

Communicable Disease

- Process for notifying communicable diseases under the Health Act with approximately 50 diseases that are notifiable which are investigated to ensure local control.
- The major issue for Taranaki is in relation to our farming industry and associated processing.
- Work undertaken via a contract with MAF Food regarding food complaints and food practises.
- Campylobacta – simple, easy to understand messages of how to prevent people from getting ill with Campylobacteriosis are being promoted.

Immunisation

- Dr Simmons currently leading out the Immunisation Strategic Plan across the whole community. The need to focus on activities was important if a 95% uptake in child immunisation was to be achieved.
- PHOs are important in this process with their system of doing opportunistic immunisation, reviewing every patient that comes through the door and accurately reporting.
- There is a need to look at the Maternity Educators as it is not covered in the Maternity Education Services. Noted that eighty five percent of parents have made a decision before the baby was born to immunise. Midwives have representation on the Strategy Group.
- Dr Simmons advised that in the event of an outbreak school boards and principals can exclude unvaccinated pupils under legislation in the Health Act and the Health Infectious Fibrosis Diseases Regulations. Dr Simmons has written to all schools in Taranaki, to establish an up to date immunisation register in case of an outbreak.

Integrated approach to Alcohol and Tobacco

- PHU have established programmes around reducing the harms of alcohol and tobacco through educating retailers to ensure they have good information, and drink safe workshops within the liquor industry.
- Health promotion activities have been designed to change the culture around Smokefree but also to reduce the harm.
- The unit also undertakes advocacy work around submissions, a collaborative role with other partners.

Social Environments

- Promoting health and wellbeing of priority communities and population groups is a new focus for the PHU – historically the unit has operated around themed programmes. Opunake and Patea have been prioritised.
- Key issues include transport, youth health and wellbeing and the way we collaborate.
Each priority community has a profile with stakeholder interviews conducted which include councils.

Supporting Communities

- The “Health Promoting Schools” programme has 17 schools enlisted.
- Taranaki wide “Breastfeeding Welcome Here” project has been well evaluated and will be continued.
- Continued support for the “New Plymouth Injury Safe and Kidsafe Falls Prevention Project”.
Opunake Sustainability Group work is around healthy planting, healthy food and nutrition and promoting wellbeing.

652 .0 Management Reports

652.1 General Manager, Planning, Funding and Population Health advised a change in the reporting format of the reports and sought feedback from the Committee.

The report was taken as read with the following points noted:-

- National Policy Initiatives are the same.
- Health Target Activities remain the same.
- Annual Plan reporting would be on an Exception basis. Reports to reflect current status of projects and initiatives.
- Mr Foulkes advised this reporting shows clearly how activities do or do not relate to what we said we would do, as we go through the year.
- Mr Foulkes invited feedback from members on what goes where in terms of the Committees and the Board. For example, having the detail of all of the actions as outlined by Mrs Boardman through this Committee and endeavour to summarise further at a higher level the progress or otherwise for the Board meeting. This will ensure the right Committees and the Board have the right information to fulfil their governance role and avoid any duplication and repetition.
- Mrs Boardman advised Public Health Plan section, use the traffic lights approach, red, amber, green, which is a programme approach.
- Mrs Boardman advised the projects are those planned for the year, 2011/12, and the progress they are expected to make. The duration of the projects was not listed.
- Mr Foulkes confirmed the 2011/12 Annual Plan is a three year rolling cycle, with a focus on one year. Some initiatives would be ongoing and some of them would be finite.
- Mrs Boardman advised that timeframes regarding the development of Integrated Family Health Centres and the National Hauora Coalition business case was the responsibility of the MoH.
- The Midland Health Network would be developing two IFHCs in Taranaki, one in the north one in the south.
- It was noted that the National Hauora Coalition's Whanau Ora model of care was "Better sooner more convenient primary care business case. This was the equivalent of the Midland Health Network IFHC plans.

653.0 Chief Advisor Maori Health

Miss Henare took her report as read noting the following:-

- On Friday, 26 August, a new strategic alliance between Tui Ora Ltd and the National Hauora Coalition was selected as the preferred provider for Maori Health services as a result of the RFP.
- At the forthcoming 25 October meeting of CPHAC DSAC the Taihauauru Leadership Group will be coming to meet with the Committees.
- Dr Gilkison noted the need to get increased attendance that additional advertising may be required. The approval of the venue was also discussed.
- Ms Henare stated if the Board are open to having the next meeting on a Marae that would be appropriate. Suggest either Owae in Waitara or Aotea or Whakaahurangi in South Taranaki. Time would need to be made for the appropriate protocols.
- Ms Henare advised the Leadership Group involves MSD and Te Whare Punanga Korero.

- Mrs Boardman advised at the 25 October meeting the Adult Continuum project final report would be presented and partners in that project would be attending.
- In relation to the review of the South Taranaki health services and as a result of the Hui a Iwi, Ms Henare clarified points around the Whanau Ora Model of Care.
- The journey began in 2002 with He Korowai Oranga that began with the then Ministers Annette King and Tariana Turia, culminating in and being aware of where the DHB is coming from in supporting the endeavours of Maori initiatives that are underway, ie the Whanau Ora Centre in South Taranaki.
- Dr Gilkison suggested a diagram be drawn up starting with He Korowai Oranga in 2002 of the journey to Whanau Ora.
- Mr Foulkes referred back to the June meeting in Hawera, the paper presented depicted how all the strands fit together.
- Ms Bourke suggested good philosophical discussion about who shows leadership and what would be appropriate with Whanau Ora if someone doesn't take the lead it isn't going to happen.
- Ms Henare stated that He Korowai Oranga shows this as the goal. Health is the sector that has been resourced to undertake development and implement initiatives about Whanau Ora achievement.
- Ms Bourke commented that perhaps the way TWPK is currently operating may need more robust discussion with Iwi

Resolution

That the Community & Public Health and Disability Support Advisory Committee receive and note the report on the Public Health Annual Plan 2011/12, the management reports of the General Manager Planning Funding & Population Health and the Chief Advisor Maori Health.

Next Meeting

It was noted the next meeting date is 25 October 2011.

The meeting concluded at 2.00pm with a karakia.

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Chairman

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Date

